

Alameda County Sheriff's Office

Gregory J. Ahern, Sheriff / Coroner Coroner's Bureau, 2901 Peralta Oaks Ct, Oakland, CA 94605 (510) 382-3000 / (510) 382-3033 (fax)

				Coro	ner In	vesti	gator's	Re	port				
Ō.			(LAST, FIRST MI	•		TE	NTATIVE ID	UNIDE	NTIFIED		2014-(
CALL INFO	REPORTED BY Lt. SCHELLENBER INVESTIGATOR			REPORTED BY PHONE NO. (510) 667-3646 CALL DATE AND TIME			REPORTING AGENCY Alameda County Sheriff's Office-ETS CASE TYPE				REFERENCE NUMBER 14-021532		
S	Charles Frazier DATE AND TIME OF DEATH			12/10/2014 6:29 Date of Birth Age			Removal Case GENDER RACE MARITAL STATUS				VET?		
DECEDENT	12/10/2014 5:34 HGT WGT EYE COLOR		3/6/1986 28 Years HAIR COLOR OCCUPATION			Male Black		k EMPLOYER	Never Married				
	75	187 I	Brown	Brown	Stude	ent						<u> </u>	
DECE		ninary mary				ļ							
	LOCATION	OF DEATH			-					Li	OD TYPE		
	Santa Rit		U 22 Y, STATE, ZIP)				·	COUNT	· ••••••••••••••••••••••••••••••••••••	. (Other	,	
	5325 Broder Boulevard Dublin CA 94568						Alameda						
	Manner Natural Death C						ertificate Signed By:						
DEATH	Cause A CHRONIC ALCOHOLISM				•	Interval Years							
ቯ	Cause B Cause C						Interval Interval						
	Cause D			•						· Int	erval		
		ignificant ditions		•									
Z O	LEGAL NEXT	OF KIN			F	RELATIONSH	IP		Т	ELEPHONE NO.		·	
NOTIFICATI	NOTIFIED BY			METHO		METHOD.	r ·		D	DATE AND TIME			
ON	IDENTIFICATI		D	•	I	DATE AND TIME 12/10/201							
INCIDENT	LOCATION OF INCIDENT					AT WORK							
	ADDRESS (STREET, CITY, STATE, ZIP)						COUNTY DATE AND TIME OF INCIDENT					CIDENT	
Z	INVESTIGATING AGENCY					INV AGENC	V AGENCY PHONE NUMBER OFFICER						
	Alameda County Sheriff's Office-ETS FUNERAL HOME					•	Detective Jason HAWKS BODY RELEASED TO FUNERAL HOME ON					· 	
S -	Morgan Jones Funeral Home						12/15/20)14	14:30		 		
DIS	Full Autopsy Partial Autopsy Inspection Record Review Inspection					Specimen	EXAM BY Judy Me	linek					



Alameda County Sheriff's Office Gregory J. Ahern, Sheriff / Coroner Coroner's Bureau, 480 4th Street, Oakland, CA 94607-3829 (510) 268-7300 / (510) 268-7333 (fax)

Investigator Narrative

Decedent:

MONROE, Lawrence James

Case Number: Investigator:

2014-03519 **Charles Frazier**

First Call Information:

On Wednesday, December 10, 2014, about 0621 hours, Lieutenant T. SCHELLENBERG, Watch Commander of the Santa Rita Jail (SRJ), called and reported the undetermined manner of death of a 28year-old male inmate, Lawrence James MONROE. Lieutenant SCHELLENBERG reported the following:

On Wednesday, December 10, 2014, about 0459 hours, MONROE was found unresponsive in his SRJ cell in housing unit 22. MONROE was assigned to A-Pod, cell #39. He was lying on the top bunk where he was found unresponsive. Paramedics from the Alameda County Fire Department responded and attempted life-saving measures, but were unsuccessful. They pronounced his death at 0534 hours.

On Tuesday, December 9, 2014, MONROE was transported to Santa Rita Jail (SRJ) where he was booked after being arrested by Alameda County Sheriff's Office (ACSO) Deputies at Highland Hospital, located at 1411 East 31st Street in Oakland. MONROE was arrested for Deputy SOBRERO who was assigned to the Hospital. MONROE was also found to be heavily intoxicated at the time of his arrest. He was medically cleared for incarceration before being transported and booked at SRJ. At the time of his arrest, MONROE had a visibly bruised "black" eye and complained of having a sore hand, which indicated he may have been involved in a fight prior to police contact. MONROE'S Person File Number (PFN) is (CEF1691)

Medical Summary:

MONROE had a medical history of

He was medically attended to at Highland Hospital in Oakland and his medical records were requested and received. A copy of the records were placed in the case file. (CEF1691)

Description of the Death/Injury Scene:

On Wednesday, December 10, 2014, about 0715 hours, Deputy S. BEEZLEY and I (FRAZIER) went to Santa Rita Jail (SRJ) to do a scene investigation and complete the body removal. We met with the Jail Watch Commander, Lieutenant T. SCHELLENBERG, to get more details about the death. Lieutenant SCHELLENBERG gave me a printout of MONROE'S jail movement history and provided me with MONROE'S clothing and property.

Deputy BEEZLEY and I then went to housing unit #22 and met with Sergeant J. HAIGHT, Sergeant K. MONAGHAN and Deputy D. COVINGTON. While at housing unit #22, Deputy COVINGTON gave me a digital disk containing photographs of the death scene. I went into A-pod, cell 39, where I saw MONROE laying in a supine position on the floor. His yellow jail inmate clothing had been cut away from his upper body and were lying underneath him. I conducted a limited external examination and I



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saw medical therapy in place that consisted of a tracheal tube, an intraosseous IV line in his right shin, and electrocardiogram (EKG) pads. I saw a black and purple bruise around MONROE'S right eye and his face appeared to be swollen. I saw a drop of blood on his arm which may have resulted from the introducing of IV lines by the paramedics who rendered life saving measures. Livor mortis was present and Rigor mortis was minimal. MONROE was cold to the touch and I did not see any additional visible trauma. Deputy BEEZLEY took several digital images of the death scene and of MONROE. We completed the removal and I Issued Coroner's receipt #35417 for the body and property. (CEF1691)

Body Identification:

On Wednesday, December 10, 2014, I (FRAZIER) identified MONROE from his CRIMS booking information, his inmate identification arm band, and I scanned his fingerprints with the blucheck mobile fingerprint device and it hit to the name of Lawrence MONROE with a DOB: 03/06/1986. (CEF1691)
On Tuesday, December 15, 2014, about 1333 hours, CIB faxed a fingerprint comparison letter to the Coroner's Bureau indicating the submitted fingerprints for MONROE, Lawrence James to the fingerprints associated with PFN vere positively identified to be made by the same subject. (CEF1691)
Next of Kin Investigation: MONROE'S next of kin are his father, who lives in
On Wednesday, December 10, 2014, about 1130 hours, Deputy S. BEEZLEY and I (FRAZIER) went to an address located at to locate possible next of kin. We first met with the Property Manager, who told us she knew, but apartment was actually rented to She said that stayed with his father from time to time. Said she last saw about two days ago. We knocked on the residence front door but no one answered. I left my business card requesting to call the Coroner's Bureau when he returned. (CEF1691)
On Wednesday, December 10, 2014, about 1230 hours, called the Coroner's Bureau and I (Frazier) notified him of his son's death and explained the Coroner's involvement. told me his son had never been married, but he did have a minor child. He said the child was a daughter named who lives in the did not have their contact information, so he asked that I contact MONROE's mother who lives in the
On Wednesday, December 10, 2014, about 1300 hours, I (FRAZIER) called MONROE'S mother and she provided me with the name and telephone number for the guardian of the minor child. was also notified of MONROE'S death. (CEF1691)
Other Agency Reports:

Alameda County Sheriff's Office, Santa Rita Jail, Lieutenant T. SCHELLENBERG, Sergeant J. HAIGHT, Sergeant K. MONAGHAN, Deputy D. COVINGTON, and ETS Detective J. HAWKS, report #14-021532



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Alameda County Sheriff's Office, Highland Hospital Deputy S. SOBRERO, report #14-021444. (CEF1691)

Property and Evidence:

Lieutenant SCHELLENBERG gave me all of MONROE'S inmate property that was received at the time of MONROE'S incarceration. I documented the items on Coroner's receipt # 35417. (CEF1691)

At the Coroner's Bureau, I (FRAZIER) placed the inmate property, which consisted of a in locker #023 in the bulk property temporary storage room. (CEF1691)

Coroners Fees:

The Coroner's fees are \$321.00 for the body removal and the body preparation. (CEF1691)

On December 15, 2014, all Coroners' fees related to this case were paid in full. (HB#2017)

Other Investigative Details/ Supplemental Information:

On Wednesday, December 10, 2014, about 0458 hours, Deputy Ramsey JACKSON found MONROE unresponsive in his jail cell. Prior to being found unresponsive, MONROE was last seen alive, about 0345 hours, during early morning pill call. One hour later, MONROE was being called upon on his cell speaker and told to get ready for his court appearance. When MONROE did not respond, Deputy JACKSON went to his cell to see why he was not answering. When Deputy JACKSON looked in the cell, he found MONROE unresponsive on the top bunk, lying on his side facing the wall. Emergency personnel were called to the cell and responded within minutes, along with jail medical staff. Cardio Pulmonary Resuscitation (CPR) was rendered manually and the LUCAS device was applied but both were ultimately unsuccessful. Alameda County Fire Paramedics pronounced death at 0534 hours.

On Wednesday, December 10, 2014, about 0945 hours, I went to Highland Hospital to ascertain the events leading up to Monroe's arrest. Per Deputy S. SOBRERO #1832, he first came into contact with Monroe, on December 9, 2014, at 1555 hours, while he was being treated in Exam Room #3. About 2310 hours, Deputy SOBRERO returned to Exam Room #3 due to Monroe's pending discharge from the hospital. At that time, Deputy SOBRERO ran a warrant check on MONROE and found he had an Deputy SOBRERO arrested MONROE on the outstanding warrant. Deputy SOBRERO had MONROE medically cleared for incarceration and transported him to

warrant. Deputy SOBRERO had MONROE medically cleared for incarceration and transported him to SRJ for booking. According to Deputy SOBRERO, no force was used on MONROE during his arrest. (Refer to ACSO report # 14-021444 for specific details on this event.)

Per ACSO policy, after MONROE'S in-custody death, Lieutenant SCHELLENBERG notified Detective Jason HAWKS at the ETS substation and advised him of the inmate death. Due to the circumstances when the death was first reported, Detective HAWKS did not respond to the scene because it appeared MONROE had died from natural causes and there was nothing suspicious about the death. Later, Detective HAWKS called the Coroner's Bureau and indicated that because inmate MONROE appeared to have been in a fight prior to his incarceration they would like to be present for his autopsy. (CEF1691)



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According to MONROE'S father, his son was last known to be with a roommate named (CEF1691)

Findings:

On Sunday, June 28, 2015, about 0748 hours, I (FRAZIER) reviewed this case for the purpose of establishing a manner of death. A full autopsy, with toxicology, was performed by Coroner's Pathologist Dr. J. MELINEK who gave the cause of death as "chronic alcoholism". After reviewing the cause of death, I find this death to be natural. My finding is based on the given cause of death, my death scene investigation, my review of the autopsy protocol, the toxicology report, and MONROE'S known medical history which indicated (CEF1691)

Supervisor Review:

On Friday, July 02, 2015, I (Sgt. BARON) reviewed this case and found it to be complete. I concur with the findings and approve this case for closure. (HB#2017)

Alameda County Sheriff's Office

Coroner's Bureau 2901 Peralta Oaks Court, 2nd Floor, Oakland, CA 94605-5319



Gregory J. Ahern, Sheriff

Director of Emergency Services Coroner - Marshal

MEMORANDUM

DATE:

December 12, 2014

FROM:

Judy Melinek, M.D.

TO:

Case File 2014-03519

SUBJECT:

AUTOPSY PROTOCOL

Autopsy performed upon the body of Lawrence James Monroe at the Coroner's Bureau, 480 4th Street, Oakland, California, on December 12, 2014, at 9:15 a.m.

AUTOPSY FINDINGS

- I. CHRONIC ALCOHOLISM:
 - A. SEE TOXICOLOGY REPORT:
 - 1. NO ETHYL ALCOHOL DETECTED
 - 2. HISTORY OF ALCOHOL WITHDRAWAL (CLINICAL).
 - B. VISCERAL CONGESTION
 - C. HEPATIC STEATOSIS, MILD HEPATITIS WITH SPIDERY FIBROSIS
 - D. ACUTE GASTRIC HEMORRHAGE WITH 100 ML OF BLOODY FLUID IN GASTRIC CONTENTS.
- II. LEFT VENTRICULAR HYPERTROPHY (1.5 CM).
- III. BLUNT TRAUMA OF HEAD AND NECK WITH CONTUSIONS:
 - A. FOCAL SOFT TISSUE HEMORRHAGE, RIGHT SUBMANDIBULAR AREA
 - B. RIGHT LATERAL FRONTAL/TEMPORAL SCALP CONTUSION
 - C. NO APPARENT VITAL INJURY.

CAUSE OF DEATH: CHRONIC ALCOHOLISM.

cc: EMS

District Attorney Investigations Bureau

- 1 PRELIMINARY EXAMINATION: The body is identified by a Coroner's
- 2 label affixed to the left great toe. When first viewed, the
- 3 decedent is clad in yellow jail-issue pants, and two gray socks.
- 4 Brown paper bags are over the hands and are secured with zipties
- 5 at the wrists. Accompanying the body is a brown T-shirt and a
- 6 yellow jail-issued shirt (both cut). The clothing is submitted
- 7 as evidence.

8

- 9 EXTERNAL EXAMINATION: The body is of a well developed, well
- 10 nourished, fit and muscular adult black man whose appearance is
- 11 consistent with the reported age of 28 years. The body is cold
- 12 (refrigerated). Rigor mortis is marked and symmetric. Unfixed
- 13 purple livor mortis extends over the posterior surfaces of the
- 14 body, except in areas exposed to pressure.

15

- 16 The face is remarkable for evidence of superficial injury as
- 17 mentioned below. The head is otherwise atraumatic, symmetric,
- 18 and normocephalic. The scalp is intact and atraumatic. The
- 19 scalp hair is brown, curly and styled in dreadlocks which
- 20 measure approximately 9-13 inches in length over the crown. The
- 21 eyelids are atraumatic, intact, and unremarkable, except as
- 22 mentioned under Evidence of Injury. The irides are brown. The

pupils are obscured by corneal clouding. The sclerae and 23 conjunctivae are unremarkable except for red tache noir at the 24 left and congestion on the right. There is slight bilateral 25 No petechial hemorrhages are identified on the exophthalmos. 26 palpebral conjunctivae, bulbar conjunctivae, facial skin or oral 27 The nose and ears are not unusual except for one pierce 28 mucosa. The decedent wears a 1/2 inch mark in the left earlobe. 29 The teeth are natural mustache and 1 inch brown goatee beard. 30 and in good condition. 31

32

The trachea is palpable and midline. The neck is unremarkable. 33 The thorax is well developed and symmetrical. The abdomen is 34 The anus and back are unremarkable. The penis is 35 The testes are bilaterally descended in the 36 uncircumcised. The upper and lower extremities are well developed and 37 scrotum. symmetrical, without absence of digits. There is no clubbing or 38 39 edema.

40

41 EVIDENCE OF MEDICAL THERAPY: Evidence of acute medical therapy
42 includes a curved plastic airway in the oral cavity; four
43 electrocardiogram patches on the chest and thighs; needle
44 puncture marks at the right forearm and bilateral antecubital

Sheriff-Coroner Alameda County

Body of LAWRENCE JAMES MONROE

45 fossae; and right tibial interosseous catheter connected to a

46 full bag of saline.

47

A monochromatic professional SCARS: IDENTIFYING MARKS AND 48 tattoo depicting a heart and a crown and inscribed "Forgiver" is 49 on the left abdomen. A 1 inch diagonal well healed scar is on 50 the outer lower left neck. A 1-1/2 inch irregular well healed 51 scar is on the upper left chest, below the clavicle. 52 monochromatic professional tattoo depicting a tree is on the 53 volar lower left arm. A 1/2 inch oval well healed scar is at 54 the upper outer right knee. A 1/2 inch horizontal, linear, 55 hyperpigmented, well healed scar is at the outer front left 56 thigh. A possible 4 inch vertical linear well healed scar is 57 faintly discernible over the left knee. Additional identifying 58

60

59

fight forehead and face. There is a 1-1/4 inch by 1 inch right upper eyelid is swollen as is the upper eyelid periorbital ecchymosis. Small punctate red acneiform lesions are on both cheeks and are partially abraded.

A 1 inch purple contusion is at the back left shoulder. Faint ziptie indentations are at the back right wrist but have no

marks and scars are not readily identified.

67 associated hemorrhage and correspond to the zipties on the

68 postmortem paper bags.

69

70 On internal examination there is a 3 centimeter area of soft

71 tissue hemorrhage surrounding the right submandibular gland. On

72 reflection of the scalp, there is a right lateral

73 fronral/temporal subgaleal contusion measuring 2.5 centimeters

74 by 1 centimeter, with no subjacent skull fracture, epidural,

75 subdural, or subarachnoid hemorrhage. There are no acute fatal

76 traumatic injuries. There is no additional evidence of injury.

77

78 INTERNAL EXAMINATION: The body is opened in the usual manner

79 with a Y-shaped incision. No adhesions or abnormal collections

80 of fluid are in any of the body cavities. All body organs are

81 in normal and anatomic position. The serous surfaces are smooth

82 and glistening. The subcutaneous fat measures approximately 3/4

83 inch in maximum thickness at the level of the umbilicus. There

84 is diffuse visceral congestion.

85

86 HEAD AND CENTRAL NERVOUS SYSTEM: Reflection of the scalp shows

87 the usual scattered reflection petechiae. The calvarium is

88 intact. The brain weighs 1230 grams. The dura mater and falx

cerebri are unremarkable and the leptomeninges are thin and delicate. The cerebral hemispheres are symmetrical. The structures at the base of the brain, including cranial nerves and blood vessels, are free of abnormality.

93

94 Sections through the cerebral hemispheres reveal no lesions 95 within the cortex, subcortical white matter or deep parenchyma 96 of either hemisphere. The cerebral ventricles are of normal 97 caliber. Sections through the brain stem and cerebellum are 98 unremarkable. The first portion of the spinal cord, viewed 99 through the foramen magnum, is unremarkable.

100

The neck is dissected after the thoracoabdominal and NECK: 101 Examination of the soft tissues cranial contents are removed. 102 of the neck, including large vessels and strap muscles, reveals 103 no abnormalities. The superficial and deep muscles of the neck 104 are firm, red-brown, intact, and unremarkable without hemorrhage 105 or laceration. The hyoid bone and larynx are intact. The tongue 106 is normal. There are no intramuscular hemorrhages. 107

108

109 CARDIOVASCULAR SYSTEM: The heart weighs 470 grams. The 110 epicardial surfaces are smooth, glistening, and unremarkable.

The coronary arteries arise normally and follow the distribution 111 of a right dominant pattern with no atherosclerosis. The 112 chambers are remarkable for left ventricular hypertrophy. 113 usual size/position relationship, are valves bear the 114 The valves are morphologically normal and are unremarkable. 115 free of vegetations. The myocardium is dark red-brown, firm, 116 and unremarkable. The atrial and ventricular septa are intact 117 and the septum and free walls are free of muscular bulges. 118 There is no focal or regional fibrosis, erythema, pallor or 119 The left ventricle measures 1.5 cm and the right 120 ventricle measures 0.3 cm in thickness as measured 1 cm below 121 annulus. valve atrioventricular respective 122 the interventricular septum measures 1.1 cm in thickness. The aorta 123 and its major branches arise normally and follow the usual 124 course with no significant atherosclerosis. The orifices of the 125 major aortic vascular branches are patent. The vena cava and 126 its major tributaries return to the heart in the usual 127 distribution and are unremarkable. 128

129

132

RESPIRATORY SYSTEM: The right and left lungs weigh 870 and 770 130 grams, respectively. The upper and lower airways are patent and 131 the mucosal surfaces are smooth, yellow-tan, and contain thin white foam. The pleural surfaces are smooth, glistening, and unremarkable. The pulmonary parenchyma is congested. The cut surfaces exude marked amounts of blood and frothy fluid. There are no masses, hemorrhages, consolidations, obstructions or destructive emphysema. The pulmonary arteries are normally developed and patent. There is no saddle embolus on in situ examination of the pulmonary trunk.

140

141 HEPATOBILIARY SYSTEM: The liver weighs 2330 grams. The hepatic
142 capsule is intact, smooth and glistening, covering a greasy
143 bright yellow parenchyma. The gallbladder contains
144 approximately 10 mL of green viscid bile without stones. The
145 extrahepatic biliary tree appears to be patent.

146

147 HEMATOPOIETIC SYSTEM: The spleen weighs 210 grams and has a

148 smooth intact capsule covering red-purple, moderately firm

149 parenchyma. The splenic white pulp is grossly unremarkable.

150 The regional lymph nodes appear normal. The bone marrow (rib)

151 is red-purple.

152

153 ENDOCRINE SYSTEM: The pituitary gland is intact, normally developed, and is unremarkable without laceration, hemorrhage,

or mass lesion. The thyroid gland is symmetric and unremarkable 155 red-brown, granular parenchyma and no cyst, 156 firm, with hemorrhage, fibrosis, or mass lesion. The adrenal glands are 157 normally situated and have soft, yellow cortices and soft, gray-158 brown medullae. The pancreas has a soft, tan parenchyma with a 159 normal lobular architecture and no saponification, pseudocyst, 160 neoplasm, fibrosis, hemorrhage, or mineralization.

162

161

GASTROINTESTINAL SYSTEM: The esophagus is lined by gray-white, 163 smooth mucosa, without obvious varices. The gastric mucosa is 164 markedly erythematous, arranged in the usual rugal folds, and 165 lumen contains approximately 100 mL of black-red fluid 166 consistent with partially digested blood without clots. 167 There are no pill fragments or are no ulcerations noted. 168 foreign bodies identified. The small and large bowels are 169 unremarkable. The appendix is unremarkable. The colon contains 170 soft brown and liquid stool. 171

172

GENITOURINARY SYSTEM: The right and left kidneys weigh 170 and 173 200 grams, respectively. The renal capsules are smooth, thin, 174 underlying, semitransparent, and strip with ease from the 175 smooth, red-brown, firm, cortical surfaces. The cortices are of 176

196

well-delineated from the medullary normal thickness and 177 pyramids. The calyces, pelves, and ureters are unremarkable. 178 The urinary bladder contains scant urine. The mucosa is gray-179 The bilaterally descended testes 180 tan and smooth. unremarkable. The prostate is unremarkable. 181 182 The skeleton is well developed and MUSCULOSKELETAL SYSTEM: 183 without deformity or osteoporosis. The vertebrae, clavicles, 184 sternum, ribs, and pelvis are without fracture. The supporting 185 musculature and soft tissues are not unusual. The firm, red-186 brown muscles are well hydrated and free of focal lesions. The 187 cervical spinal column is stable on internal palpation. 188 189 Portions of all major organs are fixed in Spec. to Pathology: 190 formalin and retained. 191 192 Pancreas, stomach, liver, lung, muscle Spec. to Histology: 193 surrounding submandibular gland, 194 brain. 195

	Sheriff-Coroner Alameda County	Body of LAWRENCE JAMES MONROE
197	Spec. to Toxicology:	Peripheral blood, heart blood, bile,
198		brain, gastric contents, liver, vitreous
199		humor.
200		
201	Physician(s) Present:	Dr. Judy Melinek.
202		
203	Forensic Techs:	Victoria Gebelein, Kristena Realph, and
204		Herminia Gutierrez.
205		
206	Evidence:	Blood spot on filter paper for DNA, scalp
207		hair, fingernail clippings, gunshot
208		residue testing on the hands, and the
209		clothing.
210		
211		
212		Judy Melinek, M.D.
213 214 215	JM/jkm	

Alameda County Sheriff's Office

Coroner's Bureau 2901 Peralta Oaks Court, 2nd Floor, Oakland, CA 94605-5319



Gregory J. Ahern, Sheriff

Director of Emergency Services Coroner - Marshal

CASE NUMBER:	CASE NAME:			
2014-03519	Lawrence James Monroe			
• • • • • • • • • • • • • • • • • • • •				
PATHOLOGIST:	THETOLOGICAL EVAMINATION			
Judy Melinek, M.D.	HISTOLOGICAL EXAMINATION			

Tissue or Organ x # of fragments and/or levels (slide ID)

BRAIN x 4 (1, 3, 4): Sections of cerebellum and hippocampus are unremarkable without specific pathologic changes. Fragments of cortex are unremarkable.

LUNG x 1 (1): No specific pathologic changes.

PANCREAS x 1 (2): Normal architecture and autolyzed cytology with no specific pathologic changes.

GASTROINTESTINAL TRACT x 1 (2): Gastric mucosa with autolysis and focal hemorrhage.

SOFT TISSUE NEAR SUBMANDIBULAR GLAND x 1 (3): Fat and muscle with acute hemorrhage.

LIVER x 1 (4): Hepatic parenchyma with marked microvesicular and macrovesicular steatosis and spidery fibrosis. There is a mixed portal inflammatory infiltrate with spillage past the limiting plate and focal, rare hepatocyte necrosis, consistent with a mild hepatitis.

Date Signature M.D.



Case Name:

TOXICOLOGY NUMBER: CVT-14-14719

Monroe,

Lawrence

J.

35 ml peripheral blood & 3.5 ml vitreous humor each labeled "Monroe, Lawrence;

2014-03519; 12/12/2014" **Specimen Description:**

Delivered by Tricor

15-Dec-14 Date

Bill Posey Received by

Date¹⁵-Dec-14

Request: Complete Drug Screen

Agency Case # 2014-03519

Requesting Agency

Alameda Co. Coroner's Office

Attn: Acct's Payable

480 4th Street

Oakland CA 94607

Report To

Alameda Co. Coroner's Office

Attn: Dr. Melinek 480 4th Street

Oakland CA 94607

Specimen: Peripheral Blood Sample

RESULTS

Complete Drug Screen: No common acidic, neutral or basic drugs detected. No Ethyl Alcohol detected.

1/2/1/2

B. L. Posey

December 29, 2014

B.L. POSEY

1580 Tollhouse Road Clovis, California 93611 Phone (559) 323-9940 Fax (559) 323-7502



Case Name:

TOXICOLOGY NUMBER: CVT-14-14719

Monroe,

Lawrence J. 35 ml peripheral blood & 3.5 ml vitreous humor each labeled "Monroe, Lawrence;

2014-03519; 12/12/2014" **Specimen Description:**

Delivered by

Date

Received by

Date

Tricor

15-Dec-14

Bill Posey

15-Dec-14

Request: Vitreous Electrolytes, VUN & Creatinine

Agency Case #

2014-03519

Requesting Agency

Alameda Co. Coroner's Office

Attn: Acct's Payable 480 4th Street

Oakland CA 94607

Report To

Alameda Co. Coroner's Office

Attn: Dr. Melinek 480 4th Street

Oakland CA 94607

Specimen: Peripheral Blood Sample

RESULTS

Complete Drug Screen: No common acidic, neutral or basic drugs detected.

No Ethyl Alcohol detected.

**** 18 May, 2015, Additional testing: Second Report ****

Specimen: Vitreous Humor Sample

Vitreous Panel: Glucose = 36 mg/dL

mmol/L Sodium = 130Potassium = 14.9 mmol/L Chloride = 119 mmol/L

Vitreous Urea Nitrogen = 9 Vitreous Creatinine = 0.82 mg/dL

B.L. POSEY S.N. KIMBLE Directors

1580 Tollhouse Road Clovis, California 93611 Phone (559) 323-9940

Fax (559) 323-7502